

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

120-939

## SECTION A

1. Company Name: PICKLE KING
2. Permit Number if applicable: \_\_\_\_\_
3. Location: 220 Ellison Street  
Paterson, New Jersey Zip Code: 07505
4. Mailing Address: P.O. Box 2415  
PATERSON, NJ Zip Code: 07509
5. Person to contact concerning information provided in this application:  
Name of Contact Official: Richard A. Nadel  
Title: President Phone No.: (973) 977-2095  
Address: SAME AS MAILING ADDRESS ABOVE Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 15 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: MON - FRI ALL YEAR LONG EXCLUDING  
MAJOR HOLIDAYS APPROX. 254  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): Block 60799, Lot 1  
LAND: 36,600  
IMPROVEMENTS: 105,000  
Assessed Value: \_\_\_\_\_
8. If property is rented indicate name and address of owner: \_\_\_\_\_  
\_\_\_\_\_

Total square feet rented: \_\_\_\_\_

9. List NJPDES Permit Number if applicable, \_\_\_\_\_ and  
Name of receiving Body of Water entered \_\_\_\_\_

INDUSTRIAL <u>120-939</u>		
81100	81150	81200
JUL 5 2005		
81250	82050	82100

## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased

Y - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: PASSAIC VALLEY WATER COMMISSIONList all Account #'s: 149261-8050412. Water Received: From Mo. 5 Yr. 04 Through Mo. 4 Yr. 05.

(\* Next to a figure means it is estimated).

*See last 4 qtrs bills attached*

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	840752	—	—	840752
2 <sup>nd</sup> Qtr.	844492	—	—	844492
3 <sup>rd</sup> Qtr.	826540	—	—	826540
4 <sup>th</sup> Qtr.	739772	—	—	739772

GRAND TOTAL 3,251,554

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	76,400		
Process waste water	To be completed		
Cooling water	To be completed		
Evaporation			
Contained in the product			
Other (describe)			

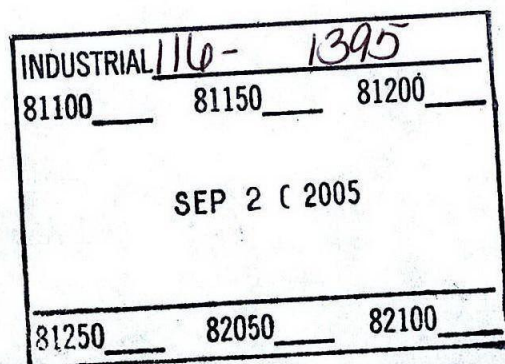
GRAND TOTAL \_\_\_\_\_



PASSAIC VALLEY SEWERAGE COMMISSIONERS  
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Address: SAME AS MAILING ADDRESS ABOVE Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 1 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: MON - FRI ALL YEAR LONG EXCLUDING MAJOR HOLIDAYS 254  
Number of Shifts Per Day: 1
7. If property is owned indicate block and lot number(s): Block G0799, Lot 1  
Assessed Value: LAND: 36,600  
IMPROVEMENTS: 105,000
8. If property is rented indicate name and address of owner: \_\_\_\_\_  
\_\_\_\_\_  
Total square feet rented: \_\_\_\_\_
9. List NJPDES Permit Number if applicable, None and  
Name of receiving Body of Water entered \_\_\_\_\_



## SECTION B

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased (Y) - N

Well Y - N

If Y, is it metered Y - N

River Y - N

If Y, is it metered Y - N

11. Name of purchased water supplier: Passaic Valley Water CommissionList all Account #'s: 149261-80504

12. Water Received: From Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Through Mo. \_\_\_\_\_ Yr. \_\_\_\_\_

(\* Next to a figure means it is estimated).

*See last bills attached*

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.				
2 <sup>nd</sup> Qtr.				
3 <sup>rd</sup> Qtr.				
4 <sup>th</sup> Qtr.				

GRAND TOTAL \_\_\_\_\_

Report in gallons

13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	<u>76,400</u>		
Process waste water	<u>To be completed</u>		
Cooling water	<u>To be completed</u>		
Evaporation			
Contained in the product			
Other (describe) <i>To be completed</i>			

GRAND TOTAL \_\_\_\_\_

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer	Y - <input checked="" type="radio"/> N
To the Combined Sewer	<input checked="" type="radio"/> Y - N
To the Storm Sewer	Y - <input checked="" type="radio"/> N
River or Ditch	Y - <input checked="" type="radio"/> N

15. Waste hauler information: List all firms and/or independent contractors used to remove <sup>N/A</sup> process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled

SECTION COPERATIONAL CHARACTERISTICS

16. Discharge of Industrial Waste is continuous \_\_\_\_\_  
or intermittent ☒ each operating day.

If the discharge is intermittent, it occurs between the following hours: \_\_\_\_\_

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

Pickle processing.

List SIC CODE #: 5149

18. Principal Raw Materials used: Cucumbers, ~~garlic~~, mixed pickling spices, vinegar,  
liquid benzoate of soda, liquid calcium chloride, dell pickle flavor emulsion.

19. Principal Products or Services: Pickles

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc. Include variations in product lines which affect waste characteristics: n/a

Does this facility shutdown for vacation(s)? no If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. <sup>n/a</sup> Describe any pretreatment process or effluent monitoring system in use:

Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

22. Sampling information:

*To be completed*

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>



SECTION D (continued)

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	Est.	(Y) - N		

24. Frequency of calibration of each flow meter: NONE

## 25. Attach plot plan of the property showing:

- See attached plot plan*
- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
  - (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
  - (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.



*To be completed* **SECTION E**  
**ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. \_\_\_\_\_

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	558	1002*	Arsenic (As)	
0505	Volatile Solids	110	1022*	Boron (B)	
0530	Total Suspended Solids	14.0	1027	Cadmium (Cd)	<.00400
0540	Volatile Suspended Solids	12.0	1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons	.640	1042	Copper (Cu)	.00580
0310	Biochemical Oxygen Demand (BOD)	14	1045*	Iron (Fe)	
			1051	Lead (Pb)	.0131
0340	Chemical Oxygen Demand (COD)	57.8	0720*(3)	Cyanide (Cn)	
			1900	Mercury (Report to 0.XXX)	<.000100
0680	Total Organic Carbon (TOC)	17.3	1067	Nickel (Ni)	<.0100
			1147*	Selenium (Se)	
9000	pH(standard unit range)	5.56	1077*	Silver (Ag)	
0610	(1) Ammonia as N	.380	1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	<5.00	1092	Zinc (Zn)	.159
0745*	(1) Sulfide		2730	Phenol	.00800
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
 (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.  
 (2) See instructions.  
 (3) Grab sample required

Rev: 1/87  
 8/89  
 7/90  
 9/94  
 8/95  
 11/95  
 07/98



SECTION E (continued)Samples collected by: QC LABORATORIESDate: 8/19/05Sample analyzed by: QC LABORATORIES

Date: \_\_\_\_\_

Products being manufactured when sample was collected: \_\_\_\_\_

27. Who performs the analyses of the samples for User Charge? QC LABORATORIES28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N \_\_\_\_\_29. Who performs the analyses of the samples for the Pretreatment Parameters? QC LABORATORIES

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state: \_\_\_\_\_

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N \_\_\_\_\_

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 &amp; 3 is present in your discharge.

SECTION Fn/a  
PRETREATMENT

32. Industrial Category: \_\_\_\_\_  
Subpart (s): \_\_\_\_\_
33. Compliance date(s): \_\_\_\_\_
34. Is facility in compliance? \_\_\_\_\_ If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
\_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: Pending
36. Compliance schedule submitted: \_\_\_\_\_  
If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
\_\_\_\_\_
37. n/a Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
If yes, describe \_\_\_\_\_
38. n/a Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N)
40. Is this facility under an ISRA Clean up? no If so, has a plan been approved by NJDEP: \_\_\_\_\_  
\_\_\_\_\_
- Is there any plan to discharge groundwater?  
no  
\_\_\_\_\_  
\_\_\_\_\_



**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: \_\_\_\_\_

*RICHARD A. NOEL*

Print Name

TITLE: \_\_\_\_\_

*President*

*6/30/05*

DATE

*Richard A. Noel*

SIGNATURE

\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			✓		2,4 dimethylphenol			✓	
acrolein			✓		2,4 dinitrotoluene			✓	
acrylonitrile			✓		2,6 dinitrotoluene			✓	
benzene			✓		1,2 diphenylhydrazine			✓	
benzidine			✓		ethylbenzene			✓	
carbon tetrachloride (tetrachloromethane)			✓		fluoranthene			✓	
chlorobenzene			✓		4-chlorophenyl phenyl ether			✓	
1,2,4-trichlorobenzene			✓		4-bromophenyl phenyl ether			✓	
hexachlorobenzene			✓		bis(2-chloroisopropyl) ether			✓	
1,2 dichloroethane			✓		bis(2-chloroethoxy) methane			✓	
1,1,1 trichloroethane			✓		methylene			✓	
hexachloroethane			✓		chloride(dichloromethane)			✓	
1,1,dichloroethane			✓		methyl chloride (chloromethane)			✓	
1,1,2 trichloroethane			✓		methyl bromide			✓	
1,1,2,2 tetrachloroethane			✓		(bromomethane)			✓	
chloroethane			✓		bromoform(tribromomethane)			✓	
bis(chloromethyl) ether			✓		dichlorobromomethane			✓	
Bis(2 chloroethyl) ether			✓		trichlorofluoromethane			✓	
2-chloroethyl vinyl ether mixed			✓		dichlorodifluoromethane			✓	
2-chloronaphthalene			✓		chlorodibromomethane			✓	
2,4,6, trichlorophenol			✓		hexachlorobutadiene			✓	
parachlorometa cresol			✓		hexachlorocyclopentadiene			✓	
Chloroform (trichloromethane)		✓			isophorone			✓	
2 chlorophenol			✓		naphthalene			✓	
1,2, dichlorobenzene			✓		nitrobenzene			✓	
1,3, dichlorobenzene			✓		2-nitrophenol			✓	
1,4, dichlorobenzene			✓		4-nitrophenol			✓	
3,3, dichlorobenzidine			✓		2,4-dinitrophenol			✓	
1,1,dichloroethylene			✓		4,6 dinitro-o cresol			✓	
1,2 trans-dichloroethylene			✓		N-nitrosodimethylamine			✓	
2,4,dichlorophenol			✓		N-nitrosodiphenylamine			✓	
1,2, dichloropropane			✓		N-nitrosodi-n-propylamine			✓	
1,3, dichloropropylene			✓		pentachlorophenol			✓	
(1,3 dichlor propene)			✓		phenol			✓	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 (C) KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			✓		endrin			✓	
butylbenzylphthalate					endrin aldehyde				
di-n-butylphthalate					heptachlor				
di-n-octylphthalate					heptachlor (epoxide)				
diethylphthalate					BHC Alpha				
dimethylphthalate					BHC Beta				
benzo(a)anthracene					BHC Gamma				
benzo(a)pyrene					BHC Delta				
3,4 benzofluoranthene					PCB1242				
benzo(k) fluoranthene					PCB1254				
chrysene					PCB1221				
acenaphthylene					PCB1232				
anthracene					PCB1248				
benzo(ghi)perylene					PCB1260				
fluorene					PCB1016				
phenanthrene					toxaphene				
dibenzo (a,h) anthracene					antimony (total)				
indeno (1,2,3-c,d) pyrene					arsenic (total)				
pyrene					asbestos (fibrous)				
tetrachloroethylene					beryllium (total)				
toluene					cadmium (total)				
trichloroethylene					chromium (total)				
vinyl chloride					copper (total)				
aldrin					cyanide (total)				
dieldrin					lead (total)				
chlordane					mercury (total)				
4,4 DDT					nickel (total)				
4,4, DDE					selenium (total)				
4,4, DDD					silver (total)				
endosulfan I					thallium (total)				
endosulfan II					zinc (total)				
endosulfan sulfate					2,3,7,8, tetrachlorodibenzo				
					p-dioxin				

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			✓		n,n-dimethyl aniline			✓	
amitrole					3,3-dimethyl benzidine				
amyl alcohols					1,1-dimethylhydrazine				
aniline hydrochloride					dioxane				
anisole					diphenylamine				
auramine					ethylenimine				
benzotrichloride					hydrazine				
benzylamine					4,4-methylene bis				
					(2-chloraniline)				
o-chloroaniline					4,4-methylenedianiline				
m-chloroaniline					methyl isobutyl ketone				
p-chloraniline					alpha-naphthylamine				
1-chloro-2-nitrobenzene					beta-naphthylamine				
1-chloro-4-nitrobenzene					n-methylaniline				
chloroprene					1,2- phenylenediamine				
chrysoidine					1,3- phenylenediamine				
cumene					1,4-phenylenediamine				
2,3-dichloroaniline					sudan 1 (solvent yellow 14)				
2,4-dichloroaniline					thiourea				
2,5-dichloroaniline					toluene sulfonic acids				
3,4-dichloroaniline					toluidines				
3,5-dichloroaniline					xylidines				
1,3-dichloropropene									
1,3-dimethoxybenzidine									

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT



**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			✓		isopropanolamine			✓	
allyl alcohol					kelthane				
allyl chloride					kepone				
amyl acetate					malathion				
aniline					mercaptodimethur				
benzonitrile					methoxychlor				
benzyl chloride					methyl mercaptan				
butyl acetate					methyl methacrylate				
butylamine					methly parathion				
captan					mevinphos				
carbaryl					mexacarbate				
carbofuran					monoethylamine				
carbon disulfide					monomethylamine				
chlorpyrifos					naled				
coumaphos					napthenic acid				
cresol					nitrotoluene				
crotonaldehyde					parathion				
cyclohexane					phenolsulfanate				
2,4-D (2,4-dichlorophenoxy)					phosgene				
acetic acid					propagrite				
diazinon					propylene oxide				
dicamba					pyrethrins				
dichlobenil					quinoline				
dichlone					resorcinol				
2,2-dichloropropionic acid					strontium				
dichlorvos					strychnine				
diethylamine					stryrene				
dimethylamine					2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				
dinitrobenzene					TDE (tetrachloro- diphenylethane)				
diquat					2,4,5-TP 2(2,4,5- trichlorophenoxy				
disulfoton					trichlorofon				
diuron					triethylamine				
epichlorohydrin					trimethylamine				
					propanoic acid				

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
isoprene			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

## SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

### SECTION ONE

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Pickle KING

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Pickle KING

Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name:

Richard A. Nadel

Street Address:

115 Passaic Avenue

City, State &amp; Zip Code:

Passaic, N.J. 07055

Business Telephone:

973-911-2095

Emergency Telephone:

Cellular (908) 247-0431

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>N/A</u> <u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
139 WAYNE AVE., PATERSON, NJ	Food Dist./Office	1977-2004	n/a
_____	_____	_____	_____
_____	_____	_____	_____



**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
n/a			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: JOSEPH S. REISS  
 Company Name: PICKLE KINT  
 Street Address: 220 Ellison St., P.O. Box 2415  
Paterson, NJ 07509  
 City, State & Zip Code:  
 Telephone: 973-977-2095  
 (Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: NEW JERSEY

Date: Aug. 2, 1968

Certificate of Incorporation No.: n/a

Copy of certificate of incorporation attached? Yes ☒ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: RICHARD A. NADEL Telephone: 973-977-2095  
 Business address: 220 Ellison St., P.O. Box 2415, Paterson, NJ 07509

Office held	Date took office	Date of birth
<u>President</u>	<u>1982</u>	<u>09-20-51</u>

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 (area code)

Business address: \_\_\_\_\_

Office held	Date took office	Date of birth
_____	_____	_____

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: RICHARD A. NADEL Telephone: 973-977-2095  
 (area code)

Business address: 220 Ellison St., P.O. Box 2415  
Paterson, NJ 07509

Office held	Date took office	Date of birth
<u>See above</u>	_____	_____

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: *RICHARD A. NADEL*

Street Address: *215 PASSAIC AVENUE*

City, State & Zip Code: *PASSAIC, NJ 07055*

Bus. Phone *973-977-2075*

Name:

Street Address:

City, State & Zip Code:

Bus. Phone

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No



**TYPE OF ASSOCIATION:** Check One

☐ General Partnership      ☐ Limited Partnership      ☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

Name:

Street Address:

City, State &amp; Zip Code:

Telephone: \_\_\_\_\_

**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Dates during which individual was a partner: \_\_\_\_\_

Name:

Street Address:

City, State & Zip Code:

Telephone: \_\_\_\_\_ Telephone \_\_\_\_\_

Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

## SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached?      ☐ Yes      ☐ No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name:

Street Address:

City, State & Zip Code:

Telephone:

Name:

Street Address:

City, State & Zip Code:

Telephone:

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.



**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

*NONE*

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition & explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

*NONE*

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of  
entity cited: NONE

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of  
entity cited: NONE

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

## SECTION SEVEN

## OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

A. **OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

None

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_Date judgment  
entered: \_\_\_\_\_Nature of  
suit: \_\_\_\_\_Amt./terms of  
judgment: \_\_\_\_\_

B. **PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

None

Title of case: \_\_\_\_\_

Docket No.: \_\_\_\_\_

Name & location  
of court: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Nature of  
suit: \_\_\_\_\_

Status: \_\_\_\_\_



**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity  
charged/convicted: NONE

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

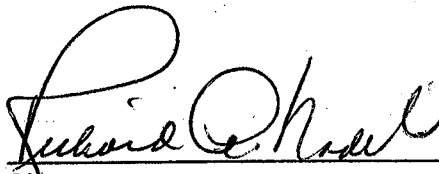
**CERTIFICATION**

(All applicants must sign and date the following certification)

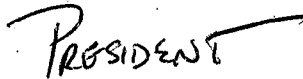
I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

6/30/05



Signature



Print Title &amp; Position

**USER CHARGE SELF MONITORING REPORT**

NAME: PICKLE KING

ADDRESS: 220 ELLISON ST. PO BOX 2415 PATERSON NJ 07509

FACILITY LOCATION: 220 ELLISON ST. PATERSON NJ 07509

NEW CUSTOMER ID / OUTLET ID: 27220095 - 1 OLD OUTLET DESIGNATION:

**MONITORING PERIOD**

START			END		
MO	DAY	YR	MO	DAY	YR

**VOL DISCHARGED THIS PERIOD**

	GALS
CU. FT X 7.48 = GALLONS	
EFFLUENT METER READING LAST DAY THIS PERIOD	

DATE	BOD	TSS

DATE	BOD	TSS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
		DATE

**USER CHARGE SELF MONITORING REPORT**

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DATE	BOD	TSS

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SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
		DATE

PVSC FORM MR-2 REV.3 6/93

# Pickle King

Sauerkraut • Tomatoes • Peppers  
Relishes • Salads...and more

220 Ellison Street, P.O. Box 2415  
Paterson, New Jersey 07509  
Tel. (973) 977-2095  
Fax (973) 977-8423

10-10-05

Mr. Rudy Caltagirone  
Manager, Industrial & Pollution Control  
Industrial Department  
Passaic Valley Sewerage Commissioners  
600 Wilson Avenue  
Newark, New Jersey 07105

INDUSTRIAL	118-	1552
81100	81150	81200
OCT 24 2005		
81250	82050	82100

Dear Mr. Caltagirone:

I am in receipt of your recent letter regarding installation of pH recorder. Per our telephone conversation, the device should be installed and operating within 90 days. Thank you for your cooperation.

Very truly yours,  
Richard A. Kadel  
President



T-17-2005 01:01 FROM: PICKLE KING

9739778423

TO: 19733444876

P.1

**A and C****PLUMBING & HEATING, INC.**

RESIDENTIAL • COMMERCIAL • INDUSTRIAL

N.J. State License No. 5976

333 South Drive, Paramus, N.J. 07652

973-279-8888

201-262-8887

FAX: 201-262-8977

October 3, 2005

The Pickle King  
P. O. Box 2415  
220 Ellison Street  
Paterson, New Jersey 07509

ATTENTION: RICHARD

Dear Richard:

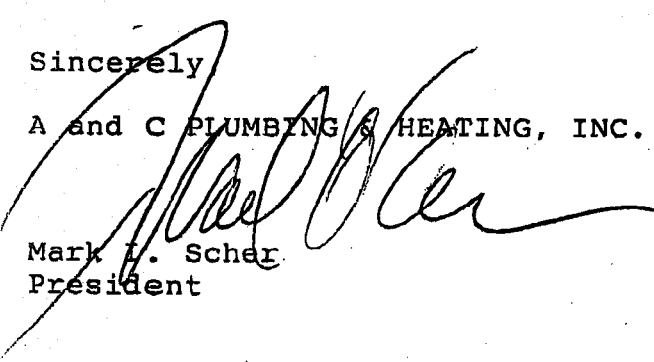
This letter is with regard to the above mentioned property.

This contractor has dye tested floor drains and sanitary sewers from bathrooms. All flow into one sewer that exits from the front of building.

If there is any further information you require, please do not hesitate to call our office.

Sincerely

A and C PLUMBING &amp; HEATING, INC.



Mark L. Scher  
President

FAX to: Joseph Smith  
Industrial Dept.

Mr. Smith:  
This is what you needed  
to know regarding the bathrooms.

UG-21-2005 23:07 FROM: PICKLE KING

9739778423

TO: 9733444876

P.1

**PICKLE KING****Pickles-Sauerkraut-Relishes  
Salads...AND MORE****220 ELLISON ST.  
P.O. BOX 2415  
PATERSON, N.J. 07509  
(973) 977-2095 PHONE  
(973) 977-8423 FAX****FAX COVER SHEET****DATE:** 8/22/05**COMPANY:** Passaic Valley Sewerage Commissioners**TO:** Mr. Carlos Torres or Data Entry Dept.  
**FROM:** George**RE:** Copy of Change of Address

(We are no longer at 139 Wayne Ave. Paterson, NJ)

**NUMBER OF PAGES INCLUDING THE COVER SHEET**

2

JUG-21-2005 23:07 FROM:PICKLE KING

9739778423

TO:9733444876

P.2

**PLEASE NOTE PICKLE KING'S**

**NEW REMITTANCE ADDRESS:**

**P.O. BOX 2415**

**PATERSON, N.J. 07509**

*phone # 973-977-2095*

*Fax # 973-977-8423*

REPORT PSTWOMSD

PASSAIC VALLEY SEWERAGE COMMISSIONERS

PAGE: 1

## PVSC RESULTS DATA REPORT

DATE: 07/26/05

01-Jan-2004 THROUGH 26-Jul-2005

Customer: 27800095 PICKLE KING

Old Customer ID:

<u>WO ID</u>	<u>Outlet ID</u>	<u>Sample Date</u>	<u>Sample ID</u>	<u>Analyte</u>
--------------	------------------	--------------------	------------------	----------------

PVSC/SelfQualifier ValueUnit of  
Measure

NO DATA

**PICKLE KING**

**Pickles-Sauerkraut-Relishes  
Salads...AND MORE**

**220 ELLISON ST.  
P.O. BOX 2415  
PATERSON, N.J. 07509  
(973) 977-2095 PHONE  
(973) 977-8423 FAX**

**FAX COVER SHEET**

**DATE:** 8/22/05

**COMPANY:** Passaic Valley Sewerage Commissioners

**TO:** Mr. Caroli Torres or Data Entry Dept.  
**FROM:** Bergamo

**RE:** Copy of Change of Address

(We are no longer at 139 Wayne Ave. Paterson, NJ)

**NUMBER OF PAGES INCLUDING THE COVER SHEET**

2



UG-21-2005 23:07 FROM:PICKLE KING

9739778423

TO:9733444876

P.2

**PLEASE NOTE PICKLE KING'S****NEW REMITTANCE ADDRESS:****P.O. BOX 2415****PATERSON, N.J. 07509***phone # 973-977-2095**Fax # 973-977-8423*